

#### Combining Command Readiness Processes: Increasing Efficiency and Compliance Using a Lean Six Sigma Approach

The MHS: Healthcare to Health

Jeffrey S. Budge, CDR, NC, USN, CNOR 30 January 2012







Naval Medical Center San Diego <u>Jeffrey.budge@med.navy.mil</u> (619) 532-9829/DNS: 522-9829



#### Issue:

- 2 separate command deployment readiness processes
  - Individual Medical Readiness (IMR)
  - Non-medical Readiness "R" Status Process

#### Goal:

- Streamline both readiness processes
- Reduce "indeterminate status" non-compliance
- Increase non-medical "R" Status compliance

The MHS: Healthcare to Health



### **Key Findings**

- Each process initiated at a different time
  - R-Status process initiated on birth month
  - IMR process initiated on anniversary of last Physical Health Assessment (PHA)
- 80.9% of PHA appointments off birth month
- Numerous redundant steps
- Data systems did not communicate



The MHS: Healthcare to Health



#### Interventions

- IMR and R-Status combined
- PHA anniversary established as start date
- 30 day notification system upon intranet access and every 7 days until completed
- Walk-in appointments established at all clinics
- Security clearances posted on a secure SharePoint Site



The MHS: Healthcare to Health

×	*	The state of the s	

Results	Before	After
Number of required stops	49	35
IMR Indeterminate percentage	5.74 %	3.6%
Non medical R-Status Compliance rate	58%	83%
Number of redundant trips eliminated annually by combining processes	NA	5737

